

STATE OF MAINE

BOARD OF DENTAL PRACTICE

APPLICATION FOR PERMIT

- Nitrous Oxide



Maine Board of Dental Practice
143 State House Station
Augusta, ME 04333-0143

Office Telephone: (207) 287-3333
Office Facsimile: (207) 287-8140
TTY users call Maine Relay 711
Website: www.maine.gov/dental

Office located at: 161 Capitol Street, Augusta, Maine

Revised: 12/2016

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Dental Practice is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual Permit Application
- Certification of Nitrous Oxide Course Completion Form
- Maine's Mandated Reporter Requirements for Suspected Child Abuse website
- Maine's Medical Professionals Health Program website

ADDITIONAL RESOURCES

- Board of Dental Practice Statute, Title 32, Chapter 143

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> or call (207) 287-3333

- Board of Dental Practice Rules

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#313> or call (207) 287-3333

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION INFORMATION GUIDE

- **Certificate of Education Form:** The Board requires that your nitrous oxide course be verified by the educational institution/organization and submitted directly to the Board.
- **Mandated Reporter Requirements for Suspected Child Abuse:** Maine law requires that dentists and dental hygienists immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the licensee knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. Mandated Reporter Training and additional information regarding mandated reporting can be found at:
<http://www.maine.gov/dhhs/ocfs/cps/>
- **Maine's Medical Professionals Health Program (MPHP):** The MPHP works cooperatively with six Maine boards of licensure, hospitals, medical staffs, and professional associations to ensure that professionals in need of treatment and services get the help they need. The MPHP is not a treatment program, but their staff will help professionals to find the resources they need, to better understand the treatment and recovery process, and to implement strategies for return to safe practice. <https://www.mainemed.com/member-services/medical-professionals-health-program>
- **10 Day Reporting Requirement:** Please be advised, pursuant to 32 MRS §18352, licensees and applicants are to report to the Office, in writing, any change of name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days
- Please submit your application materials to the Board by mail or hand delivery to our office. **Faxed submissions will not be accepted.** Your application will be reviewed and processed in the order that it was received. Application reviews generally take at least two weeks, barring any action required by the full Board, or any high volume renewal of licensure periods.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website at www.maine.gov/dental. It is the responsibility of the applicant to see that all documentation is completed and returned to the Board for consideration.

APPLICATION MATERIALS

STANDARD APPLICATION

An application for examination shall include:

- ☐ Completed and signed Application (pgs. 1-7)
- ☐ Payment of an Application Fee of \$16.00
- ☐ Payment of a Permit Fee of \$16.00
- ☐ Completed Certificate of Nitrous Oxide Course Form
- ☐ Current; valid CPR Certification

STATE OF MAINE / BOARD OF DENTAL PRACTICE

Mailing Address: 143 State House Station, Augusta, Maine 04333-0143 **Courier address:** 161 Capitol Street, Augusta, Maine 04330
Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine Relay 711 Website: www.maine.gov/dental

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 143 State House Station, Augusta, Maine 04333- 0143.
- **Where are you located?** 161 Capitol Street, Augusta, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Augusta to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Augusta to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website:
www.maine.gov/dental
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Maine Board of Dental Practice requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question?
- Sign and date your application?
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



STATE OF MAINE
BOARD OF DENTAL PRACTICE

INDIVIDUAL PERMIT APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been charged, summonsed, indicted, arrested or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution?

(circle one) NO YES

If yes, enclose a detailed description of what happened (including dates), police report and a copy of the court judgment.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Maine Board of Dental Practice will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE

DATE

Board of Dental Practice

Required Fee: \$32.00

Office Use Only

2619 - \$16.00
2631 - \$16.00

Please Select License Type:

☐ Standard (NOX) – Nitrous Oxide Permit

Office Use Only

Check # _____
Amount: _____
Cash #: _____
License #: _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST

I authorize the Maine Board of Dental Practice to charge my
☐ VISA ☐ M/C ☐ Discover ☐ AMEX the following amount: \$ _____

Card number: XXXX-XXXX-XXXX-XXXX Expiration Date mm / yyyy

SIGNATURE

DATE

High School Education		
Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Major:	Degree Granted:	Date Conferred:

Dental Hygiene Education		
Name of Dental School Attended:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:		Date Conferred:

Current or Intended Place of Employment		
Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Previous Employment

List in chronological order all professional experience including full work history.

Dates	Name of Practice	Address	Name of Supervising Dentist

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

1. Have you ever been denied licensure in any state, Canadian province or other country?

YES NO

2. Have you ever possessed a license to practice that was suspended, revoked or subjected to other disciplinary action?

YES NO

3. Have your practice privileges ever been restricted?

YES NO

4. Have you ever left a dental licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?

YES NO

5. Have you ever been denied registration or had your ability to administer, prescribe, dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by:

a. U.S. Drug Enforcement Administration (DEA)? YES NO

b. Any state, territory of the U.S., including Maine? YES NO

6. Have you ever received a sanction from the Center for Medicare and Medicaid Services or any state Medicaid program?

YES NO

7. Have you ever rendered services illegally?

YES NO

8. Are you now, or have you ever been, addicted to the use of alcohol, narcotic or other drugs?

YES NO

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

9. Are you now, or have you ever been hospitalized or undergone treatment for alcohol or drug dependency?

YES NO

10. Have you ever been hospitalized for the treatment of mental illness?

YES NO

11. Have you ever been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice dentistry or to function as a dentist?

YES NO

12. Have you ever been diagnosed with or treated for any medical mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?

YES NO

13. Have you had a disabling physical or mental illness(es) that resulted in any hospitalization or that prevented you from working or carrying out your usual daily responsibilities for more than 30 days?

YES NO

14. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?

YES NO

15. Are you currently engaged in the use of illegal use of drugs or misuse of any drugs?

YES NO

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

16. Have you ever had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent?

YES

NO

17. Are you currently in default on payment of student loans?

YES

NO

18. Have you read the laws and rules governing dental practices in Maine?

YES

NO

Affidavit of Applicant

I have read and completed this application and attest that all information is true to the best of my knowledge. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice dental hygiene in the state of Maine.

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies and instrumentalities (local, state, federal or foreign) to release to the Maine Board of Dental Practice, my references and information, files, or records requested by the Board in connection with processing of this application. I hereby authorize the Maine Board of Dental Practice to use photocopies of this authorization and waiver in lieu of the original.

I further authorize the Maine Board of Dental Practice to release to the organizations, individuals and groups listed above, any information which is material to my application.

Signature of Applicant: _____

Date: _____

STATE OF MAINE
BOARD OF DENTAL PRACTICE

CERTIFICATE OF COMPLETION – NITROUS OXIDE COURSE

I am applying to use nitrous oxide under the direct supervision of a dentist in the state of Maine. The Maine board requires verification of successful completion of a nitrous oxide course. This is your authority to release any information in your files directly to the Maine Board at the address below.

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Applicant's name: _____

Applicant's address: _____

Dates of attendance: from _____ to _____

THIS SECTION MUST BE COMPLETED BY THE DEAN, SECRETARY OR REGISTRAR OF THE SCHOOL OR PROGRAM.

I hereby certify that the above named applicant successfully completed a nitrous oxide course. I am also affirming that the course included 8 hours of didactic and clinical components and that the applicant passed the exit examination with a score of 75% or higher.

Name of school/organization _____

Address of school/organization _____

Date course was completed: _____

Name & title of school/organization official: _____

Official's signature _____ dated: _____

PLEASE PLACE
SCHOOL SEAL
HERE , (If
applicable)

Mail to:

Maine Board of Dental Practice
143 State House Station
Augusta, ME 04333-00143